



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2022**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUN 27 A 11:39

1. Entity ID Number 001341524		2. Exact name of the Corporation William J. Petzold, Incorporated	
3. Principal Office Address 37 Indian Hill Ave		City Portland	State CT
		Zip 06480	
4. NAICS Code 441222	6. Brief description of the character of business conducted in Rhode Island Marine Industry - Boat sales		
5. State of Incorporation CT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Petzold		Vice-President Name Kenneth Petzold	
Street Address 101 Paley Farm Road		Street Address 67 Falcon Lane	
City Portland	State CT	City Glastonbury	State CT
Zip 06480		Zip 06033	
Secretary Name Connor Petzold		Treasurer Name	
Street Address 37 Indian Hill Ave		Street Address	
City Portland	State CT	City	State
Zip 06480		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NA		Director Name NA	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		\$10.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Connor Petzold		Date 06/27/2023	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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